

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 2

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01-01-01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902 (r)(2) & 1902 (f)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-

b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A
Supplement 7 to Attachment 2-6-A
Supplement 8a to Attachment 2.6-A, Page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same page, Revised 01-01-00, TN#00-01

Same page, Revised 01-01-00, TN#00-01

Same page, Revised 01-01-00, TN#00-01

10. SUBJECT OF AMENDMENT:

1902(r)(2) maintenance of effort with regard to optional State Supplement to SSI recipients

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Billie Wright

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

02-09-01

18. DATE APPROVED:

March 5, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

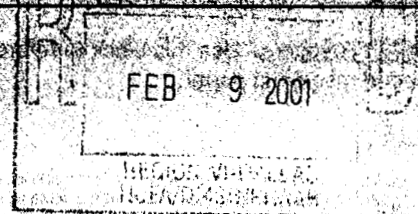
Calvin G. Cline

22. TITLE:

Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:



SUPPLEMENT 6 to ATTACHMENT 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	Gross		Net		
			1 Person	Couple	1 Person	Couple	
(1)	(2)		(3)		(4)		(5)
Aged		X	Does not exceed 300% of SSI FBR		\$583.00	\$902.00	SSI
Blind		X	Does Not exceed 300% of SSI FBR		\$583.00	\$902.00	SSI
Disabled		X	Does not exceed 300% of SSI FBR		\$583.00	\$902.00	SSI

Revised 01-01-01

TN# 01-02
Supersedes
TN# 00-01

Approval Date 03-05-01

Effective Date 01-01-01

STATE <u>OKLAHOMA</u>	A
DATE REC'D <u>02-09-01</u>	
DATE APPV'D <u>03-05-01</u>	
DATE EFF <u>01-01-01</u>	
HCFA 179 <u>01-02</u>	

SUPPLEMENT 7 to ATTACHMENT 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

Payment Category Reasonable Classification	Income Level		Income Disregards Employed
	1 Person	Couple	
Aged	\$530.00	\$796.00	SSI
Blind	\$530.00	\$796.00	SSI
Disabled	\$530.00	\$796.00	SSI

Revised 01-01-01

TN# C1-C2
Supersedes
TN# C0-C1

Approval Date 03-05-01

Effective Date 01-01-01

STATE <u>OKLAHOMA</u>	A
DATE REC'D <u>02-09-01</u>	
DATE APPV'D <u>03-05-01</u>	
DATE EFF <u>01-01-01</u>	
HCFA 179 <u>01-02</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OKLAHOMA

**MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT***



Section 1902(f) State



Non-Section 1902(f) State

An additional \$12.00 income disregard will be applied to either the gross earned or unearned income of aged, blind, and disabled individuals who were in receipt of SSP cash assistance (Section 1902(a)(10)(A)(ii)(IV)) for the month of October, 1993, to determine countable income for Medicaid eligibility. If the individual's countable income is less than \$583.00 he/she will be Medicaid eligible as categorically needy. (The \$12.00 income disregard will not be allowed for computation of the SSP payment.)

Oklahoma gross income standard will be \$583.00 and does not exceed the maximum income standard allowed for FFP purposes.

STATE <u>OKLAHOMA</u>	A
DATE REC'D <u>02-09-01</u>	
DATE APP'D <u>03-05-01</u>	
DATE EFF <u>01-01-01</u>	
HCFA 174 <u>01-02</u>	

Revised 01-01-01

TN# 01-02

Approval Date 03-05-01

Effective Date 01-01-01

Supersedes

TN# 06-01